

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. NAG-10402/50	
Application No. 10/583,826-Conf. #8716	Filing Date June 19, 2006	Examiner Matthew J. Sullivan	Art Unit 3677	
Applicant(s): Luciano Salice				
Invention: FURNITURE HINGE WITH SPRING				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	4	- 20 =	x	
Independent Claims	1	- 3 =	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month				555.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>555.00</b>
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
/Kevin S. MacKenzie/ Kevin S. MacKenzie Attorney/Agent Reg. No.: 45,639			Dated: <u>February 5, 2009</u>	
GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (248) 647-6000				